

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**091937304**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			2			
11			2			
12			1			
13			1			
14			1			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			14			
TOTAL CLAIMS			14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						